

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTD-875)						SERIAL NO. 09582971		FILING DATE 09/582971	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						TOTAL IND.		TOTAL IND.	
TOTAL DEP.						TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS						TOTAL CLAIMS		TOTAL CLAIMS	